

Fill in this information to identify the case:

Debtor name Ban NH, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA

Case number (if known) 19-60464

Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on July 31, 2019

X /s/ Christopher F. Brogdon

Signature of individual signing on behalf of debtor

Christopher F. Brogdon

Printed name

Manager

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Ban NH, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA

Case number (if known) 19-60464

Check if this is an amended filing

**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

**1a. Real property:**

Copy line 88 from *Schedule A/B*..... \$ 4,000,000.00

**1b. Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ 4,619,066.18

**1c. Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ 8,619,066.18

**Part 2: Summary of Liabilities**

**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 2,511,852.00

**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

**3a. Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 672,804.80

**3b. Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 6,383,773.24

**4. Total liabilities .....**

Lines 2 + 3a + 3b

\$ 9,568,430.04

## Fill in this information to identify the case:

Debtor name Ban NH, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIACase number (if known) 19-60464 Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?** No. Go to Part 2. Yes Fill in the information below.**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest**\$3,000.00**2. Cash on hand****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number

<b>Piedmont Bank-Checking</b>			
<b>3.1. Account-Master Account</b>	<b>Checking</b>	<b>2916</b>	<b>\$21,272.18</b>

<b>3.2. Piedmont Bank-Payroll Account</b>	<b>Payroll</b>	<b>5831</b>	<b>\$1,000.00</b>
---	----------------	-------------	-------------------

<b>3.3. Piedmont Bank-Operating Account</b>	<b>Checking</b>	<b>5849</b>	<b>\$1,000.00</b>
---	-----------------	-------------	-------------------

**4. Other cash equivalents (Identify all)****5. Total of Part 1.**\$26,272.18

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?** No. Go to Part 3. Yes Fill in the information below.**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

Debtor Ban NH, LLC  
Name

Case number (*If known*) 19-60464

7.1. Utility Deposits \$7,940.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**  
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$7,940.00

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

No. Go to Part 4.

Yes Fill in the information below.

11. **Accounts receivable**

11b. Over 90 days old:	<u>245,367.00</u>	-	<u>18,705.00</u>	=....	<u>\$226,662.00</u>
	face amount		doubtful or uncollectible accounts		

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$226,662.00

**Part 4: Investments**

13. Does the debtor own any investments?

No. Go to Part 5.

Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

No. Go to Part 6.

Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

No. Go to Part 7.

Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

No. Go to Part 8.

Yes Fill in the information below.

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

No. Go to Part 9.

Yes Fill in the information below.

Debtor	<b>Ban NH, LLC</b> Name	Case number ( <i>If known</i> )	<b>19-60464</b>
		General description	Net book value of debtor's interest (Where available)
		Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Valuation method used for current value
		Current value of debtor's interest	
47.	<b>Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>		
48.	<b>Watercraft, trailers, motors, and related accessories</b> Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels		
49.	<b>Aircraft and accessories</b>		
50.	<b>Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b> <b>Moveable Equipment-\$223,347.00</b> <b>Building Improvements-\$119,233.00</b> <b>Computer equipment-\$9,796.00</b>		
	\$0.00		\$352,376.00
51.	<b>Total of Part 8.</b>		
	Add lines 47 through 50. Copy the total to line 87.		
52.	<b>Is a depreciation schedule available for any of the property listed in Part 8?</b>		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
53.	<b>Has any of the property listed in Part 8 been appraised by a professional within the last year?</b>		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Part 9: Real property</b>			
54.	<b>Does the debtor own or lease any real property?</b>		
	<input type="checkbox"/> No. Go to Part 10. <input checked="" type="checkbox"/> Yes Fill in the information below.		
55.	<b>Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest</b>		
Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.)		Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)
		Valuation method used for current value	Current value of debtor's interest
55.1.	<b>Betty Ann Nursing Center</b> <b>1400 South Main Street</b> <b>Grove, OK 74334</b>		
	<b>60 Bed Skilled Nursing Facility</b>	<b>Fee simple</b>	<b>\$0.00</b>
			\$4,000,000.00
56.	<b>Total of Part 9.</b>		
	Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.		
	\$4,000,000.00		

Debtor Ban NH, LLC \_\_\_\_\_ Case number (*If known*) 19-60464

57. Is a depreciation schedule available for any of the property listed in Part 9?

- No  
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- No  
 Yes

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- No. Go to Part 11.

Yes Fill in the information below.

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.

Yes Fill in the information below.

Current value of  
debtor's interest

71. **Notes receivable**

Description (include name of obligor)

**Inter-Company Receivables-See  
Attached**

<u>4,005,816.00</u>	<u>-</u>	<u>0.00</u>	<u>=</u>	<u>\$4,005,816.00</u>
Total face amount	doubtful or uncollectible amount			

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** Examples: Season tickets, country club membership

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$4,005,816.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

- No  
 Yes

Debtor Ban NH, LLC  
NameCase number (If known) 19-60464**Part 12: Summary****In Part 12 copy all of the totals from the earlier parts of the form**

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$26,272.18</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$7,940.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$226,662.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$352,376.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$4,000,000.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<u>+ \$4,005,816.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$4,619,066.18</u>	<u>+ 91b. \$4,000,000.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$8,619,066.18</u>

Date: Jul 24, 2019

Time: 12:52:57 EDT

User: Juliana Crews

**Betty Ann Nursing Center**  
**Balance Sheet**  
**As Of 6/30/2019**

Facility #

Page # 2

**Equity (con't)**

290-0050-00 Additional Paid in Capital

**TOTAL Equity****Inter-Company**

140-0001-00 Due T/F Marsh Pointe Mgmt  
 140-0003-00 Due T/F Enid Senior Care  
 140-0004-00 Due T/F Grand Lake Villa  
 140-0005-00 Due T/F Kenwood Manor  
 140-0006-00 Due T/F The Living Center  
 140-0007-00 Due T/F Meeker Nursing Center  
 140-0008-00 Due T/F McLoud Nursing Center  
 140-0009-00 Due T/F Harrah Nursing Center  
 140-0010-00 Due T/F Oklahoma Operating  
 140-0014-00 Due T/F Whispering Pines  
 140-0020-00 Due T/F Property  
 140-0021-00 Due T/F Loanoke  
 140-0026-00 Due To/From J Christopher's  
 140-0028-00 Due T/F Maplewood  
 140-0029-00 Due T/F Hazen  
 140-0030-00 Due T/F Brogdon Family, LLC  
 140-0031-00 Due T/F Chris Brogdon

**TOTAL Inter-Company****Net Income/(Loss)**

Net Income

**TOTAL Net Income/(Loss)****TOTAL Liabilities and Equity**

	CURRENT PERIOD
	Actual \$
	353,120.42
	<b>353,120.42</b>
	(2,499,061.46)
	(5,092,617.97)
	(206,444.60)
	(986,942.38)
	(726,813.37)
	(9,597.08)
	38,921.84
	222,874.84
	5,604,845.91
	(45,599.68)
	(86,471.32)
	(263,630.63)
	(10,000.00)
	166,000.00
	(85,500.00)
	(24,000.00)
	(1,780.22)
	<b>(4,005,816.12)</b>
	265,430.01
	<b>265,430.01</b>
	1,292,272.35

Fill in this information to identify the case:

Debtor name Ban NH, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIACase number (if known) 19-60464 Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		<i>Column A</i> Amount of claim	<i>Column B</i> Value of collateral that supports this claim
2.1	<u>Metro City Bank</u> Creditor's Name  <u>5441 Buford Hwy</u> <u>#109</u> <u>Atlanta, GA 30340</u> Creditor's mailing address  Creditor's email address, if known  <u>Date debt was incurred</u>  <u>Last 4 digits of account number</u>	Describe debtor's property that is subject to a lien <b>Betty Ann Nursing Center</b> <u>1400 South Main Street</u> <u>Grove, OK 74334</u>  <b>60 Bed Skilled Nursing Facility</b>  Describe the lien <b>First Mortgage</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,257,532.00</b> <b>\$4,000,000.00</b>
2.2	<u>Southern Bank</u> Creditor's Name  <u>303 W. Market Street</u> <u>Dexter, MO 63841</u> Creditor's mailing address  Creditor's email address, if known  <u>Date debt was incurred</u>  <u>Last 4 digits of account number</u>	Describe debtor's property that is subject to a lien <b>Personal Property</b>  Describe the lien  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply	<b>\$1,254,320.00</b> <b>\$1,650,324.12</b>

Debtor **Ban NH, LLC**  
Name

Case number (if known)

**19-60464**

- No       Contingent  
 Yes. Specify each creditor,       Unliquidated  
including this creditor and its relative       Disputed  
priority.

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$2,511,852.00**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did  
you enter the related creditor?

Last 4 digits of  
account number for  
this entity

**J. William Boone**  
3399 Peachtree Road  
Suite 1700  
Atlanta, GA 30326

Line 2.1

**Joseph Burton**  
1 Premier Plaza  
5605 Glenridge Dr., Ste 900  
Atlanta, GA 30342

Line 2.2

Fill in this information to identify the case:

Debtor name **Ban NH, LLC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA**Case number (if known) **19-60464** Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.  
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		<b>Total claim</b>	<b>Priority amount</b>
<b>2.1</b>	Priority creditor's name and mailing address <b>Oklahoma Tax Commission</b> <b>100 N. Broadway Ave.</b> <b>Suite 1500</b> <b>Oklahoma City, OK 73102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$86,723.00</b> <b>\$86,723.00</b>
	Date or dates debt was incurred	Basis for the claim: <b>Payroll Tax</b>	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>2.2</b>	Priority creditor's name and mailing address <b>SUSAN DUNCAN DELAWARE</b> <b>COUNTY TREASURER</b> <b>Po Box 1080</b> <b>Jay, OK 74346</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$36,449.42</b> <b>\$36,449.42</b>
	Date or dates debt was incurred	Basis for the claim: <b>Property Taxes</b>	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Ban NH, LLC</b>	Case number (if known)	<b>19-60464</b>
Name			
2.3	<p>Priority creditor's name and mailing address  <b>US Treasury</b>  <b>Internal Revenue Service</b>  <b>PO Box 80110</b>  <b>Cincinnati, OH 45280-0010</b></p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p>	<b>\$549,632.38</b>
	Date or dates debt was incurred	<b>940 &amp; 941 Taxes</b>	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		<b>Amount of claim</b>	
3.1	<p>Nonpriority creditor's name and mailing address  <b>ALLCARE PHARMACY</b>  <b>PO BOX 176</b>  <b>Arkadelphia, AR 71923</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim: <u>Account</u></b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$18,251.11</b>
3.2	<p>Nonpriority creditor's name and mailing address  <b>ALTERNATIVE RISK MANAGEMENT, LTD</b>  <b>814 WEST NORTHWEST HWY</b>  <b>Arlington Heights, IL 60004</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim: <u>Account</u></b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$3,899.00</b>
3.3	<p>Nonpriority creditor's name and mailing address  <b>APN HEALTHCARE INC</b>  <b>P.O. Box 13060</b>  <b>Oklahoma City, OK 73113-1060</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim: <u>Account</u></b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$10,054.45</b>
3.4	<p>Nonpriority creditor's name and mailing address  <b>ATOMIC SERVICES, INC.</b>  <b>PO BOX 95067</b>  <b>Oklahoma City, OK 73143</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim: <u>Account</u></b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$1,376.53</b>
3.5	<p>Nonpriority creditor's name and mailing address  <b>BLUECROSS BLUESHIELD</b>  <b>HEALTH CARE SERVICE CORPORATION</b>  <b>P.O. Box 731428</b>  <b>Dallas, TX 75373-1428</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim: <u>Account</u></b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$18,004.59</b>

Debtor **Ban NH, LLC**  
Name

Case number (if known)

**19-60464**

3.6	Nonpriority creditor's name and mailing address <b>BRIGGS HEALTHCARE</b> <b>4900 UNIVERSITY AVENUE</b> <b>SUITE #200</b> <b>West Des Moines, IA 50266</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim: <u>Account</u></b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$569.55</b>
3.7	Nonpriority creditor's name and mailing address <b>BRUMMIT &amp; ASSOCIATES, INC.</b> <b>4418 Montecello Place</b> <b>Enid, OK 73703-1353</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim: <u>Account</u></b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$292.50</b>
3.8	Nonpriority creditor's name and mailing address <b>DAUBLE &amp; ASSOCIATES, P.C.</b> <b>555 SUN VALLEY DRIVE</b> <b>Unit P-2</b> <b>ROSWELL, GA 30076-5633</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim: <u>Account</u></b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,800.00</b>
3.9	Nonpriority creditor's name and mailing address <b>DEARBORN NATIONAL</b> <b>36788 Eagle Way</b> <b>Chicago, IL 60678</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim: <u>Account</u></b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$142.92</b>
3.10	Nonpriority creditor's name and mailing address <b>DELTA DENTAL</b> <b>P.O. Box 960020</b> <b>Oklahoma City, OK 73196-0020</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim: <u>Account</u></b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,602.24</b>
3.11	Nonpriority creditor's name and mailing address <b>E SOLUTIONS, INC.</b> <b>WS #165</b> <b>P.O. Box 414378</b> <b>Kansas City, MO 64141-4378</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim: <u>Account</u></b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$30.03</b>
3.12	Nonpriority creditor's name and mailing address <b>GAMMA HEALTHCARE, INC.</b> <b>ATTN: ACCOUNTS RECEIVABLE</b> <b>1717 WEST MAUD</b> <b>Poplar Bluff, MO 63901</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim: <u>Account</u></b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,071.68</b>

Debtor **Ban NH, LLC**  
Name

Case number (if known)

**19-60464**

3.13	<b>Nonpriority creditor's name and mailing address</b> <b>GREAT AMERICAN INSURANCE AGENCY, INC.</b> <b>P.O. Box 677613</b> <b>Dallas, TX 75267-6713</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,562.28</b>
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Harrah Nursing Center</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Inter-Company Loan</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$222,875.00</b>
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Healthcare Services Group, Inc</b> <b>111 N Sixth Street</b> <b>Reading, PA 19601</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$76,625.94</b>
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>IPFS CORPORATION</b> <b>PO BOX 730223</b> <b>Dallas, TX 75373-0223</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$527.54</b>
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>KCI USA</b> <b>P. O. Box 301557</b> <b>Dallas, TX 75303-1557</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,821.12</b>
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Maplewood</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$166,000.00</b>
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>McLoud Nursing Center</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Inter-Company Loan</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$38,922.00</b>

Debtor **Ban NH, LLC**  
Name

Case number (if known)

**19-60464**

3.20	Nonpriority creditor's name and mailing address <b>MEDICAL WASTE SERVICES LLC</b> 11995 Hwy 62 E. Harrison, AR 72601	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$720.00</b>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim: <u>Account</u></b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.21	Nonpriority creditor's name and mailing address <b>Novaerus</b> Dept CH 19983 Palatine, IL 60055-9983	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$918.12</b>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		<b>Basis for the claim: <u>Account</u></b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.22	Nonpriority creditor's name and mailing address <b>Oklahoma Operating</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$5,604,846.00</b>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim: <u>Inter-Company Loan</u></b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.23	Nonpriority creditor's name and mailing address <b>OMNICARE, INC.</b> Dept 781668 P.O. Box 78000 Detroit, MI 48278-1668	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$53,498.00</b>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim: <u>Account</u></b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.24	Nonpriority creditor's name and mailing address <b>ORKIN, LLC</b> 6550 E 40TH STREET Tulsa, OK 74145-4517	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$181.80</b>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim: <u>Account</u></b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.25	Nonpriority creditor's name and mailing address <b>POINTCLICKCARE TECHNOLOGIES, INC.</b> PO BOX 674802 Detroit, MI 48267-4802	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$1,116.46</b>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim: <u>Account</u></b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.26	Nonpriority creditor's name and mailing address <b>RELIANT PRO REHAB</b> 5800 Granite Parkway Suite 1000 Plano, TX 75024	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$6,601.83</b>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		<b>Basis for the claim: <u>Account</u></b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **Ban NH, LLC**  
Name

Case number (if known)

**19-60464**

3.27	<b>Nonpriority creditor's name and mailing address</b> <b>RESPIRATORY SOLUTIONS OF WESTERN OKLAHOMA</b> <b>P.O. Box 721672</b> <b>Oklahoma City, OK 73172</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$152.67</b>
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>SHRED-IT</b> <b>28883 NETWORK PLACE</b> <b>Chicago, IL 60673-1288</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$155.94</b>
3.29	<b>Nonpriority creditor's name and mailing address</b> <b>SUPPLYWORKS</b> <b>Bank of America</b> <b>Lockbox 404290</b> <b>6000 Feltwood Road</b> <b>College Park, GA 30349</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$713.54</b>
3.30	<b>Nonpriority creditor's name and mailing address</b> <b>SYNERGY CARE, INC.</b> <b>127 WEST BROAD STREET</b> <b>SUITE 850</b> <b>Lake Charles, LA 70601</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$101,283.00</b>
3.31	<b>Nonpriority creditor's name and mailing address</b> <b>TIMOTHY J. MCGAUGHEY, P.C.</b> <b>3577 Chamblee Tucker Road</b> <b>Suite A #313</b> <b>Atlanta, GA 30341</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,184.06</b>
3.32	<b>Nonpriority creditor's name and mailing address</b> <b>TWINMED, LLC</b> <b>P.O. Box 54390</b> <b>Los Angeles, CA 90054-0390</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,977.44</b>
3.33	<b>Nonpriority creditor's name and mailing address</b> <b>U S FOOD SERVICE INC.</b> <b>P.O. Box 973118</b> <b>Dallas, TX 75397-3118</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,985.70</b>

Debtor **Ban NH, LLC**  
Name

Case number (if known)

**19-60464**

3.34	Nonpriority creditor's name and mailing address <b>USI INSURANCE SERVICES NATIONAL (WJX)</b> PO BOX 201629 Dallas, TX 75320-1629	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$860.20</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim: <u>Account</u></b>	
	Date(s) debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.35	Nonpriority creditor's name and mailing address <b>WOOD AND FLOGE</b> 2246 BRISTOL PIKE Bensalem, PA 19020-5295	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$1,150.00</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		<b>Basis for the claim: <u>Account</u></b>	
	Date(s) debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Elizabeth B. Alphin</b> 101 S. Fifth Street 27th Floor Louisville, KY 40202	Line <u>3.26</u>	—
		<input type="checkbox"/> Not listed. Explain _____	
4.2	<b>Internal Revenue Service</b> 401 W.Peachtree Street Atlanta, GA 30308	Line <u>2.3</u>	—
		<input type="checkbox"/> Not listed. Explain _____	
4.3	<b>John T. Richer</b> 320 South Boston Avenue Suite 200 Tulsa, OK 74103-3706	Line <u>3.30</u>	—
		<input type="checkbox"/> Not listed. Explain _____	
4.4	<b>Leslie A. Bayles</b> 161 N. Clark Street Suite 4300 Chicago, IL 60601	Line <u>3.33</u>	—
		<input type="checkbox"/> Not listed. Explain _____	

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1  
5b. Total claims from Part 2

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

5a.	\$ <b>672,804.80</b>	<b>Total of claim amounts</b>
5b.	+ \$ <b>6,383,773.24</b>	
5c.	\$ <b>7,056,578.04</b>	

Fill in this information to identify the case:

Debtor name Ban NH, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA

Case number (if known) 19-60464

Check if this is an amended filing

## Official Form 206G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

#### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

##### Provider Agreement

State the term remaining

CMS  
Mail Stop: C3-11-03  
P.O.Box 7520  
Baltimore, MD 21207

List the contract number of any government contract

2.2. State what the contract or lease is for and the nature of the debtor's interest

##### Management Agreement

State the term remaining

Marsh Pointe Management, LLC  
455 Est Paces Ferry Road, NE  
Suite 302  
Atlanta, GA 30305

List the contract number of any government contract

Fill in this information to identify the case:

Debtor name Ban NH, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA

Case number (if known) 19-60464

Check if this is an amended filing

## Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

### 1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing Address	Name	Check all schedules that apply:
------	-----------------	------	---------------------------------

2.1 Christopher and Connie Brogdon

Southern Bank

D 2.2

E/F \_\_\_\_\_

G \_\_\_\_\_

2.2 Harrah Whites Meadows Nursing

Southern Bank

D 2.2

E/F \_\_\_\_\_

G \_\_\_\_\_

2.3 Kenmetal, LLC

Southern Bank

D 2.2

E/F \_\_\_\_\_

G \_\_\_\_\_

2.4 Living Center, LLC

Southern Bank

D 2.2

E/F \_\_\_\_\_

G \_\_\_\_\_

2.5 Marsh Pointe Management, LLC

Southern Bank

D 2.2

E/F \_\_\_\_\_

G \_\_\_\_\_

Debtor Ban NH, LLC

Case number (if known) 19-60464

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6 **MCL Nursing,  
LLC**

**Southern Bank**

D 2.2  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.7 **Oak Lake, LLC**

**Southern Bank**

D 2.2  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.8 **Senior NH, LLC**

**Southern Bank**

D 2.2  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

Fill in this information to identify the case:

Debtor name Ban NH, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA

Case number (if known) 19-60464

Check if this is an amended filing

## Official Form 207

### Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

#### Part 1: Income

##### 1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue  
Check all that apply

Gross revenue  
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 1/01/2019 to Filing Date

Operating a business

Other **Operation of Business**

\$1,826,411.00

For prior year:

From 1/01/2018 to 12/31/2018

Operating a business

Other **Operation of Business**

\$3,540,862.00

For year before that:

From 1/01/2017 to 12/31/2017

Operating a business

Other **Operation of Business**

\$3,386,766.00

##### 2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from each source  
(before deductions and exclusions)

#### Part 2: List Certain Transfers Made Before Filing for Bankruptcy

##### 3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer  
Check all that apply

##### 4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed by an insider.

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

page 1

Debtor Ban NH, LLC

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

#### 5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

#### 6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Internal Revenue Service 401 W.Peachtree Street Atlanta, GA 30308	Seizure of Medicare/Medicaid accounts receivables to set off pre-petition withholding taxes. 6/18/2019-\$9,433.29 6/19/2019-\$47,835.33 Last 4 digits of account number: _____		\$57,268.62

#### Part 3: Legal Actions or Assignments

#### 7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Healthcare Services Group, Inc. vs. Ban NH, LLC et. al. 2015-091097	Collection	Court of Common Pleas, Bucks Co., PA	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

#### 8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

#### Part 4: Certain Gifts and Charitable Contributions

#### 9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Debtor Ban NH, LLC

**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.** None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>		

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

 None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Theodore N. Stapleton, PC 2802 Paces Ferry Road Suite 100-B Atlanta, GA 30339		July 2, 2019	\$10,000.00
Email or website address			
Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

 None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value

**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

 None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

 Does not apply

Debtor Ban NH, LLC

**Address****Dates of occupancy  
From-To****Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- No. Go to Part 9.  
 Yes. Fill in the information below.

**Facility name and address****Nature of the business operation, including type of services the debtor provides**

If debtor provides meals and housing, number of patients in debtor's care  
55

15.1. **Betty Ann Nursing Center**  
**1400 South Main Street**  
**Grove, OK 74344**

**Skilled Nursing Facility****Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.****Facility****How are records kept?**

Check all that apply:

- Electronically
- Paper

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- No.  
 Yes. State the nature of the information collected and retained.

**Detailed Patient Info including: Diagnosis, Treatment, therapies and medications as required by CMS and State of Oklahoma**

Does the debtor have a privacy policy about that information?

- No  
 Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- No. Go to Part 10.  
 Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

 None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

Debtor Ban NH, LLC

 None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	--	-----------------------------	-----------------------

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

 None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

 None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.** No. Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?** No. Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

**24. Has the debtor notified any governmental unit of any release of hazardous material?** No. Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

**Part 13: Details About the Debtor's Business or Connections to Any Business**

Debtor Ban NH, LLC**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

 None

<b>Business name address</b>	<b>Describe the nature of the business</b>	<b>Employer Identification number</b> Do not include Social Security number or ITIN.
------------------------------	--	---

**Dates business existed****26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

 None

<b>Name and address</b>	<b>Date of service From-To</b>
26a.1. <b>3MC Consulting, LLC</b> PO Box 6541 Macon, GA 31208	<b>04/25/16-07/31/17</b>
26a.2. <b>Synergy Healthcare Resources LLC</b> 2550 Northside Crossing Macon, GA 31210	<b>08/01/2017-03/31/2019</b>
26a.3. <b>Hansen Hunter &amp; Co., LLC</b> 2550 Northside Crossing Macon, GA 31210	<b>04/01/2019-Present</b>
26a.4. <b>Dauble &amp; Associates, P.C.</b> 555 Sun Valley Drive Unit P-2 Roswell, GA 30076	<b>01/2015-Present</b>

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

 None

<b>Name and address</b>	<b>Date of service From-To</b>
26b.1. <b>Dauble &amp; Associates, P.C.</b> 555 Sun Valley Drive Unit P-2 Roswell, GA 30076	<b>01/2015-Present</b>

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

 None

<b>Name and address</b>	<b>If any books of account and records are unavailable, explain why</b>
26c.1. <b>Hansen Hunter &amp; Co., P.C.</b> 2550 Northside Crossing Macon, GA 31210	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

 None

<b>Name and address</b>
-------------------------

Debtor Ban NH, LLC**Name and address**

26d.1. **Metro City Bank**  
**5441 Buford Hwy**  
**#109**  
**Atlanta, GA 30340**

26d.2. **Southern Bank**  
**303 W. Market Street**  
**Dexter, MO 63841**

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- No  
 Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name	Address	Position and nature of any interest	% of interest, if any
Connie B. Brogdon	455 Est Paces Ferry Road, NE Suite 302 Atlanta, GA 30305	Interest Holder	81%
Anita Thomas	One Buckhead Plaza 3060 Peachtree Rd NW, Ste 1855 Atlanta, GA 30305	Interest Holder	19%
Christopher F. Brogdon	455 East Paces Ferry Road, NE Suite 302 Atlanta, GA 30305	Manager	

**29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**

- No  
 Yes. Identify below.

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- No  
 Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

**31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

- No  
 Yes. Identify below.

Debtor **Ban NH, LLC****Name of the parent corporation****Employer Identification number of the parent corporation**

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No  
 Yes. Identify below.

**Name of the pension fund****Employer Identification number of the parent corporation****Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on July 31, 2019/s/ Christopher F. Brogdon

Signature of individual signing on behalf of the debtor

Christopher F. Brogdon

Printed name

Position or relationship to debtor ManagerAre additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- No  
 Yes

**Form 207. Statement of Financial Affairs for Non-Individuals**  
**3. Payments to Creditors Within 90 Days Before Filing**

GL Account Description	Period-Month	Year	Effective Date	Batch-Ent.	Source	Description	Facility	Ref #	'revious Balance	Debits
Accounts Payable Trade	4-Apr	2019	4/12/2019	5100-1	AP-PY	ALLCARE PHARMACY	Betty Ann Nursing Center	3014	\$6,640.42	
Accounts Payable Trade	4-Apr	2019	4/19/2019	5126-1	AP-PY	ALLCARE PHARMACY	Betty Ann Nursing Center	3033	\$3,182.20	
Accounts Payable Trade	5-May	2019	5/10/2019	5212-1	AP-PY	ALLCARE PHARMACY	Betty Ann Nursing Center	3077	\$5,008.61	
Accounts Payable Trade	6-Jun	2019	6/21/2019	5351-1	AP-PY	ALLCARE PHARMACY	Betty Ann Nursing Center	3168	\$3,172.93	
									<b>\$18,004.16</b>	
Accounts Payable Trade	4-Apr	2019	4/5/2019	5078-2	AP-PY	APN HEALTHCARE INC	Betty Ann Nursing Center	2997	\$990.70	
Accounts Payable Trade	4-Apr	2019	4/12/2019	5100-3	AP-PY	APN HEALTHCARE INC	Betty Ann Nursing Center	3016	\$821.72	
Accounts Payable Trade	4-Apr	2019	4/26/2019	5145-1	AP-PY	APN HEALTHCARE INC	Betty Ann Nursing Center	3044	\$761.74	
Accounts Payable Trade	5-May	2019	5/3/2019	5172-1	AP-PY	APN HEALTHCARE INC	Betty Ann Nursing Center	3064	\$4,181.28	
Accounts Payable Trade	5-May	2019	5/10/2019	5212-3	AP-PY	APN HEALTHCARE INC	Betty Ann Nursing Center	3079	\$1,689.48	
Accounts Payable Trade	5-May	2019	5/17/2019	5231-1	AP-PY	APN HEALTHCARE INC	Betty Ann Nursing Center	3092	\$1,104.12	
Accounts Payable Trade	5-May	2019	5/30/2019	5273-1	AP-PY	APN HEALTHCARE INC	Betty Ann Nursing Center	3117	\$0.00	
Accounts Payable Trade	5-May	2019	5/31/2019	5275-1	AP-PY	APN HEALTHCARE INC	Betty Ann Nursing Center	3118	\$808.96	
Accounts Payable Trade	6-Jun	2019	6/7/2019	5301-1	AP-PY	APN HEALTHCARE INC	Betty Ann Nursing Center	3134	\$1,034.72	
Accounts Payable Trade	6-Jun	2019	6/14/2019	5325-2	AP-PY	APN HEALTHCARE INC	Betty Ann Nursing Center	3152	\$681.53	
Accounts Payable Trade	6-Jun	2019	6/21/2019	5351-2	AP-PY	APN HEALTHCARE INC	Betty Ann Nursing Center	3169	\$1,014.08	
Accounts Payable Trade	6-Jun	2019	6/27/2019	5373-1	AP-PY	APN HEALTHCARE INC	Betty Ann Nursing Center	3178	\$1,028.05	
									<b>\$14,116.38</b>	
Accounts Payable Trade	4-Apr	2019	4/12/2019	5099-1	AP-PY	BERKSHIRE HATHAWAY HOMESTATI	Betty Ann Nursing Center	3013	\$3,354.62	
Accounts Payable Trade	5-May	2019	5/13/2019	5215-1	AP-PY	BERKSHIRE HATHAWAY HOMESTATI	Betty Ann Nursing Center	3083	\$3,446.75	
Accounts Payable Trade	5-May	2019	5/21/2019	5241-1	AP-PY	BERKSHIRE HATHAWAY HOMESTATI	Betty Ann Nursing Center	3098	\$0.00	
Accounts Payable Trade	5-May	2019	5/23/2019	5256-1	AP-PY	BERKSHIRE HATHAWAY HOMESTATI	Betty Ann Nursing Center	3109	\$4,347.42	
Accounts Payable Trade	6-Jun	2019	6/13/2019	5321-3	AP-PY	BERKSHIRE HATHAWAY HOMESTATI	Betty Ann Nursing Center	3143	\$3,478.78	
									<b>\$14,627.57</b>	
Accounts Payable Trade	6-Jun	2019	6/21/2019	5351-3	AP-PY	HANSEN HUNTER & CO. P.C.	Betty Ann Nursing Center	3170	\$3,200.00	
Accounts Payable Trade	7-Jul	2019	7/2/2019	5399-5	AP-PY	HANSEN HUNTER & CO. P.C.	Betty Ann Nursing Center	3188	\$9,993.42	
Accounts Payable Trade	7-Jul	2019	7/2/2019	5400-1	AP-PY	HANSEN HUNTER & CO. P.C.	Betty Ann Nursing Center	3199	\$6,097.74	
									<b>\$19,291.16</b>	
Accounts Payable Trade	4-Apr	2019	4/18/2019	5118-1	AP-PY	METRO CITY BANK	Betty Ann Nursing Center	3025	\$10,763.15	
Accounts Payable Trade	5-May	2019	5/10/2019	5212-4	AP-PY	METRO CITY BANK	Betty Ann Nursing Center	3080	\$10,763.15	
Accounts Payable Trade	6-Jun	2019	6/7/2019	5301-2	AP-PY	METRO CITY BANK	Betty Ann Nursing Center	3135	\$10,763.15	
									<b>\$32,289.45</b>	
Accounts Payable Trade	4-Apr	2019	4/12/2019	5098-1	AP-PY	OKLAHOMA HEALTH CARE AUTHOR	Betty Ann Nursing Center	3012	\$18,127.20	
Accounts Payable Trade	5-May	2019	5/13/2019	5215-2	AP-PY	OKLAHOMA HEALTH CARE AUTHOR	Betty Ann Nursing Center	3084	\$19,939.92	
Accounts Payable Trade	6-Jun	2019	6/13/2019	5321-8	AP-PY	OKLAHOMA HEALTH CARE AUTHOR	Betty Ann Nursing Center	3148	\$18,894.12	
									<b>\$56,961.24</b>	
Accounts Payable Trade	4-Apr	2019	4/18/2019	5119-1	AP-PY	OMNICARE, INC.	Betty Ann Nursing Center	3026	\$2,385.81	
Accounts Payable Trade	5-May	2019	5/17/2019	5231-3	AP-PY	OMNICARE, INC.	Betty Ann Nursing Center	3094	\$2,385.81	
Accounts Payable Trade	6-Jun	2019	6/18/2019	5335-1	AP-PY	OMNICARE, INC.	Betty Ann Nursing Center	3155	\$2,385.81	
									<b>\$7,157.43</b>	
Accounts Payable Trade	4-Apr	2019	4/24/2019	5132-4	AP-PY	PUBLIC SERVICE OF OKLAHOMA	Betty Ann Nursing Center	3040	\$4,268.82	
Accounts Payable Trade	5-May	2019	5/22/2019	5248-4	AP-PY	PUBLIC SERVICE OF OKLAHOMA	Betty Ann Nursing Center	3105	\$4,174.16	
Accounts Payable Trade	6-Jun	2019	6/19/2019	5343-10	AP-PY	PUBLIC SERVICE OF OKLAHOMA	Betty Ann Nursing Center	3166	\$4,187.69	
									<b>\$12,630.67</b>	
Accounts Payable Trade	4-Apr	2019	4/26/2019	5145-3	AP-PY	RELIANT MANAGEMENT GROUP	Betty Ann Nursing Center	3046	\$2,800.00	
Accounts Payable Trade	5-May	2019	5/23/2019	5257-1	AP-PY	RELIANT MANAGEMENT GROUP	Betty Ann Nursing Center	3110	\$2,800.00	
Accounts Payable Trade	6-Jun	2019	6/27/2019	5373-2	AP-PY	RELIANT MANAGEMENT GROUP	Betty Ann Nursing Center	3179	\$2,800.00	
									<b>\$8,400.00</b>	
Accounts Payable Trade	4-Apr	2019	4/8/2019	5082-1	AP-PY	SUSAN DUNCAN DELAWARE COUNT	Betty Ann Nursing Center	2999	\$17,291.24	
Accounts Payable Trade	4-Apr	2019	4/12/2019	5102-1	AP-PY	SUSAN DUNCAN DELAWARE COUNT	Betty Ann Nursing Center	3018	\$1,122.54	
									<b>\$18,413.78</b>	

Accounts Payable Trade	4-Apr	2019	4/24/2019	5135-1	AP-PY SYNERGY CARE, INC.	Betty Ann Nursing Center 3042	\$3,895.50
Accounts Payable Trade	4-Apr	2019	4/26/2019	5145-4	AP-PY SYNERGY CARE, INC.	Betty Ann Nursing Center 3047	\$3,895.50
Accounts Payable Trade	4-Apr	2019	4/30/2019	5151-1	AP-PY SYNERGY CARE, INC.	Betty Ann Nursing Center 3049	\$0.00
Accounts Payable Trade	5-May	2019	5/23/2019	5257-2	AP-PY SYNERGY CARE, INC.	Betty Ann Nursing Center 3111	\$3,895.50
Accounts Payable Trade	6-Jun	2019	6/27/2019	5373-3	AP-PY SYNERGY CARE, INC.	Betty Ann Nursing Center 3180	\$3,895.50
							<b>\$15,582.00</b>

Accounts Payable Trade	4-Apr	2019	4/12/2019	5103-1	AP-PY Synergy Healthcare Resources LLC	Betty Ann Nursing Center 3019	\$3,100.00
Accounts Payable Trade	4-Apr	2019	4/18/2019	5122-1	AP-PY Synergy Healthcare Resources LLC	Betty Ann Nursing Center 3032	\$3,209.79
Accounts Payable Trade	5-May	2019	5/10/2019	5212-5	AP-PY Synergy Healthcare Resources LLC	Betty Ann Nursing Center 3081	\$3,050.00
Accounts Payable Trade	5-May	2019	5/17/2019	5231-5	AP-PY Synergy Healthcare Resources LLC	Betty Ann Nursing Center 3096	\$2,971.60
Accounts Payable Trade	5-May	2019	5/31/2019	5275-2	AP-PY Synergy Healthcare Resources LLC	Betty Ann Nursing Center 3119	\$2,800.00
							<b>\$15,131.39</b>

Accounts Payable Trade	7-Jul	2019	7/2/2019	5401-1	AP-PY THEODORE N. STAPLETON, PC	Betty Ann Nursing Center 3200	\$11,717.00
							<b>\$11,717.00</b>

Accounts Payable Trade	4-Apr	2019	4/9/2019	5083-1	AP-PY U S FOOD SERVICE INC.	Betty Ann Nursing Center 3000	\$1,746.91
Accounts Payable Trade	4-Apr	2019	4/9/2019	5084-1	AP-PY U S FOOD SERVICE INC.	Betty Ann Nursing Center 3001	\$1,523.43
Accounts Payable Trade	4-Apr	2019	4/11/2019	5097-1	AP-PY U S FOOD SERVICE INC.	Betty Ann Nursing Center 3011	\$1,495.89
Accounts Payable Trade	4-Apr	2019	4/16/2019	5111-1	AP-PY U S FOOD SERVICE INC.	Betty Ann Nursing Center 3020	\$1,779.11
Accounts Payable Trade	4-Apr	2019	4/18/2019	5117-1	AP-PY U S FOOD SERVICE INC.	Betty Ann Nursing Center 3024	\$2,035.73
Accounts Payable Trade	4-Apr	2019	4/22/2019	5130-1	AP-PY U S FOOD SERVICE INC.	Betty Ann Nursing Center 3036	\$1,971.23
Accounts Payable Trade	4-Apr	2019	4/25/2019	5138-1	AP-PY U S FOOD SERVICE INC.	Betty Ann Nursing Center 3043	\$1,433.82
Accounts Payable Trade	4-Apr	2019	4/29/2019	5154-1	AP-PY U S FOOD SERVICE INC.	Betty Ann Nursing Center 3050	\$1,384.44
Accounts Payable Trade	5-May	2019	5/3/2019	5192-1	AP-PY U S FOOD SERVICE INC.	Betty Ann Nursing Center 3066	\$103.28
Accounts Payable Trade	5-May	2019	5/6/2019	5193-1	AP-PY U S FOOD SERVICE INC.	Betty Ann Nursing Center 3067	\$2,069.74
Accounts Payable Trade	5-May	2019	5/7/2019	5196-1	AP-PY U S FOOD SERVICE INC.	Betty Ann Nursing Center 3068	\$2,371.05
Accounts Payable Trade	5-May	2019	5/9/2019	5209-1	AP-PY U S FOOD SERVICE INC.	Betty Ann Nursing Center 3076	\$1,806.31
Accounts Payable Trade	5-May	2019	5/13/2019	5243-1	AP-PY U S FOOD SERVICE INC.	Betty Ann Nursing Center 3099	\$1,961.00
Accounts Payable Trade	5-May	2019	5/16/2019	5244-1	AP-PY U S FOOD SERVICE INC.	Betty Ann Nursing Center 3100	\$1,754.97
Accounts Payable Trade	5-May	2019	5/20/2019	5245-1	AP-PY U S FOOD SERVICE INC.	Betty Ann Nursing Center 3101	\$1,636.54
Accounts Payable Trade	5-May	2019	5/23/2019	5251-1	AP-PY U S FOOD SERVICE INC.	Betty Ann Nursing Center 3108	\$1,512.34
Accounts Payable Trade	5-May	2019	5/27/2019	5259-1	AP-PY U S FOOD SERVICE INC.	Betty Ann Nursing Center 3113	\$1,584.43
Accounts Payable Trade	5-May	2019	5/30/2019	5271-1	AP-PY U S FOOD SERVICE INC.	Betty Ann Nursing Center 3116	\$1,441.17
Accounts Payable Trade	5-May	2019	5/31/2019	5279-1	AP-PY U S FOOD SERVICE INC.	Betty Ann Nursing Center 3120	\$185.38
Accounts Payable Trade	6-Jun	2019	6/3/2019	5311-1	AP-PY U S FOOD SERVICE INC.	Betty Ann Nursing Center 3137	\$2,093.62
Accounts Payable Trade	6-Jun	2019	6/6/2019	5312-1	AP-PY U S FOOD SERVICE INC.	Betty Ann Nursing Center 3138	\$1,974.95
Accounts Payable Trade	6-Jun	2019	6/10/2019	5313-1	AP-PY U S FOOD SERVICE INC.	Betty Ann Nursing Center 3139	\$1,484.81
Accounts Payable Trade	6-Jun	2019	6/14/2019	5327-1	AP-PY U S FOOD SERVICE INC.	Betty Ann Nursing Center 3153	\$1,831.69
Accounts Payable Trade	6-Jun	2019	6/17/2019	5340-1	AP-PY U S FOOD SERVICE INC.	Betty Ann Nursing Center 3156	\$1,598.02
Accounts Payable Trade	6-Jun	2019	6/19/2019	5347-1	AP-PY U S FOOD SERVICE INC.	Betty Ann Nursing Center 3167	\$65.49
Accounts Payable Trade	6-Jun	2019	6/26/2019	5358-1	AP-PY U S FOOD SERVICE INC.	Betty Ann Nursing Center 3174	\$1,951.54
Accounts Payable Trade	6-Jun	2019	6/26/2019	5360-1	AP-PY U S FOOD SERVICE INC.	Betty Ann Nursing Center 3175	\$1,719.07
Accounts Payable Trade	6-Jun	2019	6/27/2019	5366-1	AP-PY U S FOOD SERVICE INC.	Betty Ann Nursing Center 3177	\$1,223.93
Accounts Payable Trade	7-Jul	2019	7/1/2019	5379-1	AP-PY U S FOOD SERVICE INC.	Betty Ann Nursing Center 3182	\$1,770.14
							<b>\$45,510.03</b>

Accounts Payable Trade	4-Apr	2019	4/26/2019	5145-5	AP-PY UNITED STATES TREASURY	Betty Ann Nursing Center 3048	\$2,500.00
Accounts Payable Trade	5-May	2019	5/28/2019	5260-1	AP-PY UNITED STATES TREASURY	Betty Ann Nursing Center 3114	\$2,500.00
Accounts Payable Trade	6-Jun	2019	6/7/2019	5301-3	AP-PY UNITED STATES TREASURY	Betty Ann Nursing Center 3136	\$3,695.46
Accounts Payable Trade	6-Jun	2019	6/27/2019	5373-4	AP-PY UNITED STATES TREASURY	Betty Ann Nursing Center 3181	\$2,500.00
							<b>\$11,195.46</b>

**United States Bankruptcy Court**  
**Northern District of Georgia**

In re Ban NH, LLCCase No. 19-60464

Debtor(s)

Chapter 11

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$ <u>30,000.00</u>
Prior to the filing of this statement I have received .....	\$ <u>10,000.00</u>
Balance Due .....	\$ <u>20,000.00</u>

2. The source of the compensation paid to me was:

Debtor       Other (specify):

3. The source of compensation to be paid to me is:

Debtor       Other (specify):

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

July 31, 2019

*Date*

/s/ Theodore N. Stapleton

**Theodore N. Stapleton**

*Signature of Attorney*

**Theodore N. Stapleton, P.C.**

**2802 Paces Ferry Road SE**

**Suite 100-B**

**Atlanta, GA 30339**

**(770) 436-3334 Fax: (770) 935-5344**

**tstaple@tstaple.com**

*Name of law firm*

**United States Bankruptcy Court  
Northern District of Georgia**

In re Ban NH, LLC

Debtor(s)

Case No. 19-60464  
Chapter 11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>Anita Thomas</b> <b>One Buckhead Plaza</b> <b>3060 Peachtree Rd NW, Ste 1855</b> <b>Atlanta, GA 30305</b>		<b>19%</b>	
<b>Connie B. Brogdon</b> <b>Two Buckhead Plaza</b> <b>3050 Peachtree Rd NW, Ste 355</b> <b>Atlanta, GA 30305</b>		<b>81%</b>	

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **Manager** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date July 31, 2019

Signature /s/ Christopher F. Brogdon  
Christopher F. Brogdon

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court  
Northern District of Georgia**

In re Ban NH, LLC

Debtor(s)

Case No. 19-60464

Chapter 11

**VERIFICATION OF CREDITOR MATRIX**

I, the Manager of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: July 31, 2019

/s/ Christopher F. Brogdon  
**Christopher F. Brogdon/Manager**  
Signer>Title

ALLCARE PHARMACY  
PO BOX 176  
Arkadelphia, AR 71923

ALTERNATIVE RISK MANAGEMENT, LTD  
814 WEST NORTHWEST HWY  
Arlington Heights, IL 60004

APN HEALTHCARE INC  
P.O. Box 13060  
Oklahoma City, OK 73113-1060

ATOMIC SERVICES, INC.  
PO BOX 95067  
Oklahoma City, OK 73143

BLUECROSS BLUESHIELD  
HEALTH CARE SERVICE CORPORATION  
P.O. Box 731428  
Dallas, TX 75373-1428

BRIGGS HEALTHCARE  
4900 UNIVERSITY AVENUE  
SUITE #200  
West Des Moines, IA 50266

BRUMMIT & ASSOCIATES, INC.  
4418 Montecello Place  
Enid, OK 73703-1353

Christopher and Connie Brogdon

CMS  
Mail Stop: C3-11-03  
P.O.Box 7520  
Baltimore, MD 21207

DAUBLE & ASSOCIATES, P.C.  
555 SUN VALLEY DRIVE  
Unit P-2  
ROSWELL, GA 30076-5633

DEARBORN NATIONAL  
36788 Eagle Way  
Chicago, IL 60678

DELTA DENTAL  
P.O. Box 960020  
Oklahoma City, OK 73196-0020

E SOLUTIONS, INC.  
WS #165  
P.O. Box 414378  
Kansas City, MO 64141-4378

Elizabeth B, Alphin  
101 S. Fifth Street  
27th Floor  
Louisville, KY 40202

GAMMA HEALTHCARE, INC.  
ATTN: ACCOUNTS RECEIVABLE  
1717 WEST MAUD  
Poplar Bluff, MO 63901

GREAT AMERICAN INSURANCE AGENCY, INC.  
P.O. Box 677613  
Dallas, TX 75267-6713

Harrah Nursing Center

Harrah Whites Meadows Nursing

Healthcare Services Group, Inc  
111 N Sixth Street  
Reading, PA 19601

Internal Revenue Service  
401 W. Peachtree Street  
Atlanta, GA 30308

IPFS CORPORATION  
PO BOX 730223  
Dallas, TX 75373-0223

J. William Boone  
3399 Peachtree Road  
Suite 1700  
Atlanta, GA 30326

John T. Richer  
320 South Boston Avenue  
Suite 200  
Tulsa, OK 74103-3706

Joseph Burton  
1 Premier Plaza  
5605 Glenridge Dr., Ste 900  
Atlanta, GA 30342

KCI USA  
P. O. Box 301557  
Dallas, TX 75303-1557

Kenmetal, LLC

Leslie A. Bayles  
161 N. Clark Street  
Suite 4300  
Chicago, IL 60601

Living Center, LLC

Maplewood

Marsh Pointe Management, LLC  
455 Est Paces Ferry Road, NE  
Suite 302  
Atlanta, GA 30305

Marsh Pointe Management, LLC

MCL Nursing, LLC

McLoud Nursing Center

MEDICAL WASTE SERVICES LLC  
11995 Hwy 62 E.  
Harrison, AR 72601

Metro City Bank  
5441 Buford Hwy  
#109  
Atlanta, GA 30340

Novaerus  
Dept CH 19983  
Palatine, IL 60055-9983

Oak Lake, LLC

Oklahoma Operating

Oklahoma Tax Commission  
100 N. Broadway Ave.  
Suite 1500  
Oklahoma City, OK 73102

OMNICARE, INC.  
Dept 781668  
P.O. Box 78000  
Detroit, MI 48278-1668

ORKIN, LLC  
6550 E 40TH STREET  
Tulsa, OK 74145-4517

POINTCLICKCARE TECHNOLOGIES, INC.  
PO BOX 674802  
Detroit, MI 48267-4802

RELIANT PRO REHAB  
5800 Granite Parkway  
Suite 1000  
Plano, TX 75024

RESPIRATORY SOLUTIONS OF WESTERN OKLAHOMA  
P.O. Box 721672  
Oklahoma City, OK 73172

Senior NH, LLC

SHRED-IT  
28883 NETWORK PLACE  
Chicago, IL 60673-1288

Southern Bank  
303 W. Market Street  
Dexter, MO 63841

SUPPLYWORKS  
Bank of America  
Lockbox 404290  
6000 Feltwood Road  
College Park, GA 30349

SUSAN DUNCAN DELAWARE COUNTY TREASURER  
Po Box 1080  
Jay, OK 74346

SYNERGY CARE, INC.  
127 WEST BROAD STREET  
SUITE 850  
Lake Charles, LA 70601

TIMOTHY J. MCGAUGHEY, P.C.  
3577 Chamblee Tucker Road  
Suite A #313  
Atlanta, GA 30341

TWINMED, LLC  
P.O. Box 54390  
Los Angeles, CA 90054-0390

U S FOOD SERVICE INC.  
P.O. Box 973118  
Dallas, TX 75397-3118

US Treasury  
Internal Revenue Service  
PO Box 80110  
Cincinnati, OH 45280-0010

USI INSURANCE SERVICES NATIONAL (WJX)  
PO BOX 201629  
Dallas, TX 75320-1629

WOOD AND FLOGE  
2246 BRISTOL PIKE  
Bensalem, PA 19020-5295

**United States Bankruptcy Court  
Northern District of Georgia**

In re Ban NH, LLC

Debtor(s)

Case No. **19-60464**  
Chapter **11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Ban NH, LLC in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

Anita Thomas  
One Buckhead Plaza  
3060 Peachtree Rd NW, Ste 1855  
Atlanta, GA 30305

Connie B. Brogdon  
Two Buckhead Plaza  
3050 Peachtree Rd NW, Ste 355  
Atlanta, GA 30305

None [*Check if applicable*]

July 31, 2019

Date

/s/ Theodore N. Stapleton

Theodore N. Stapleton

Signature of Attorney or Litigant

Counsel for Ban NH, LLC

Theodore N. Stapleton, P.C.

2802 Paces Ferry Road SE

Suite 100-B

Atlanta, GA 30339

(770) 436-3334 Fax:(770) 935-5344

tstaple@tstaple.com